

# APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For <b>Reserve Officer</b>	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number (Voluntary)		

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ AM  
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ..... ☐ Yes ☐ No

..... If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? ..... ☐ Yes ☐ No

If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? ..... ☐ Yes ☐ No

Are you currently employed? ..... ☐ Yes ☐ No

May we contact your present employer? ..... ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment. ....* ☐ Yes ☐ No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: ☐ Full-Time (please indicate 1 2 3 shift)  
☐ Part-Time (please indicate Mornings Afternoon Evenings)  
☐ Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? ..... ☐ Yes ☐ No

Can you travel if a job requires it? ..... ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

[illegible][illegible]



# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

## **SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)**

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

*State any additional information you feel may be helpful to us in considering your application.*

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? ☐ YES ☐ NO

## **REFERENCES**

1. \_\_\_\_\_ (Name) \_\_\_\_\_ ( ) \_\_\_\_\_ Phone #  
\_\_\_\_\_ (Address)
2. \_\_\_\_\_ (Name) \_\_\_\_\_ ( ) \_\_\_\_\_ Phone #  
\_\_\_\_\_ (Address)
3. \_\_\_\_\_ (Name) \_\_\_\_\_ ( ) \_\_\_\_\_ Phone #  
\_\_\_\_\_ (Address)



**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks \_\_\_\_\_  
\_\_\_\_\_

Employed ☐ Yes ☐ No Date of Employment \_\_\_\_\_

INTERVIEWER DATE

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.





**CITY OF FRANKFORT  
POLICE DEPARTMENT**

201 W. WASHINGTON STREET  
FRANKFORT, INDIANA 46041-1859  
PH. 765-654-4245  
FAX 765-654-9197

**CHRIS McBARNES**  
MAYOR

**TROY BACON**  
CHIEF

**GLENN TALBOT**  
DEPUTY CHIEF

## **Reserve Police Officer Application**

**Job Description:**

Performs duties related to law enforcement such as preventing crimes, investigate suspicious activity, apprehending violators, assisting persons in trouble, directing vehicular and pedestrian traffic, and enforcing traffic laws.

**EMPLOYMENT REQUIREMENTS:**

1. Must be a Citizen of the United States
2. The applicant shall be at least 21 years of age
3. Must be free from any major impediment of the senses
4. Must be a high school graduate in possession of a high school diploma or an accredited GED
5. Must possess a valid driver's license free of any major traffic offenses
6. Must be of good reputation and character
7. Must be able to pass a written examination, a physical agility test with standards set by the Indiana Law Enforcement Academy, a polygraph examination and oral interview.
8. Must submit to an extensive personal history and background investigation; including a criminal history investigation
9. Must pass a physical examination and psychological examination if offered.
10. Must not have any Domestic Battery or Felony convictions in any State.
11. A dishonorable discharge from military service shall disqualify the applicant and a discharge other than honorable may be grounds for rejection

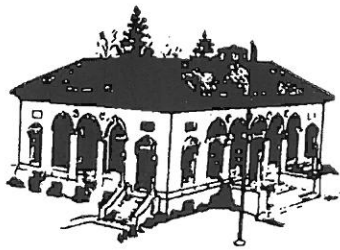
**APPLICATION PROCEDURE:**

Applications are available at the Frankfort Police Department between the hours of 7 A.M. to 3 P.M. Monday through Friday or by visiting <http://www.frankfort-in.gov>. A completed application, which must include a copy of his or her driver's license, a copy of their birth certificate and a copy of his or her high school diploma or GED certificate, must be received by the Frankfort Police Department no later than **3:00 p.m. on FRIDAY, February 19, 2016**. Applications received after this date will not be accepted.

**EMERGENCY**  
9-1-1

**CRIMINAL INVESTIGATIONS**  
654-4277

**NON EMERGENCY**  
654-4431



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## REQUEST FOR CRIMINAL HISTORY RECORDS

I, \_\_\_\_\_, hereby authorize the Frankfort Police Department to review and release my Criminal History Records. Our records include all of Clinton County.

APPLICANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

The following information now appears on the above named and described person's Criminal History Record.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This request for Criminal History must be signed by the applicant releasing his or her information in the presence of an employee of the Frankfort Police Department or a Notary Public.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
RECORDS DEPARTMENT

\_\_\_\_\_  
DATE

EMERGENCY  
9-1-1

CRIMINAL INVESTIGATIONS  
654-4277

NON EMERGENCY  
654-4431



# **Frankfort Police Department Application Checklist**

- ☐ Signed application
- ☐ Copy of Driver's License
- ☐ Copy of Birth Certificate
- ☐ Copy of Social Security Card
- ☐ Copy of High School Diploma
- ☐ Signed Criminal History Request Form